

DO/EO BIBLIOGRAPHIC DATA ENTRY

ORIGINAL NUMBER: 09 / 423969 RECEIPT DATE: 11 / 17 / 99
NUMBER: PCT/ JP99 / 01327 IA FILING DATE: 03 / 17 / 99
INVENTOR NAME: SEKI DELAY WAIVED (Y/N): Y
INVENTOR NAME: SHUNICHI DEMAND RECEIVED (Y/N): N
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 03 / 17 / 98
BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N
ATTORNEY DOCKET NUMBER: 104741 COUNTRY: JPX
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: TELEPHONE
FAX
FIRM: OLIFF & BERRIDGE
ADDRESS: PO BOX 19928
CITY: ALEXANDRIA
STATE/COUNTRY: VA ZIP: 22320
PUBLICATION TITLES:
THIN FILM PATTERNING SUBSTRATE SURFACE TREATMENT THEREFOR

TAB TO LAST POSITION, PUSH SEND

SERIAL NUMBER 09/423,969	FILING DATE 11/17/99	CLASS 427	GROUP ART UNIT 1762	ATTORNEY DOCKET NO. 104741
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APPLICANT SHUNICHI SEKI, SUWA-SHI, JAPAN; HIROSHI KIGUCHI, SUWA-SHI, JAPAN; ICHIO YUDASAKA, CHIMO-SHI, JAPAN; HIROO MIYAJIMA, MATSUMOTO-SHI, JAPAN.

****CONTINUING DOMESTIC DATA*******

VERIFIED

A.M. gone

****371 (NAT'L STAGE) DATA*******

VERIFIED THIS APPLN IS A 371 OF PCT/JP99/01327 03/17/99

A.M. O.K.

****FOREIGN APPLICATIONS*******

VERIFIED	JAPAN	10-67508	03/17/98
	JAPAN	11-32123	02/10/98

A.M. O.K.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/31/00

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY JPX	SHEETS DRAWING 24	TOTAL CLAIMS 80	INDEPENDENT CLAIMS 10
Verified and Acknowledged <u>A.M.</u> Examiner's Initials _____					

ADDRESS OLIFF & BERRIDGE
PO BOX 19928
ALEXANDRIA VA 22320

TITLE SUBTRATE FOR PATTERNING THIN FILM AND SURFACE TREATMENT THEREOF

FILING FEE RECEIVED \$2,466	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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